

B030407US01(TMC-5)

Docket No.35355 /64

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POLYOLEFIN GRAFT COPOLYMER, COMPOSITION AND METHOD FOR PRODUCING SAME

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)
October 20, 2004	PCT/JP2004/015881	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Claimed
P2003-374221	Japan	4/11/2003	Yes

PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Thereby claim the benefit under 33 030 g113(e) of any Officer States provisional application(s) fisted below:				
Application Number		Filing Date		
<u>-</u>				

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

POWER OF ATTORNEY I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: All practitioners identified at customer number 23838 Direct telephone calls to: Send correspondence to: **KENYON & KENYON** JOHN C. ALTMILLER 1500 K. Street, N.W. (202) 220-4210 Washington, DC 20005-1257 I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon. Full name of first or sole **Last Name** First Name Middle Name **SAKAMOTO** inventor Harumi Residence City State or Country Country of Citizenship Kobe-shi Japan Japan **Post Office Address** Street City State or Country & Zip Code Hyogo, 655-0872, Japan 6-31-17, Shioyacho, Kobe-shi Tarumi-ku **Signature** Date Harumi Sakamoto may O day of 2006. Full name of second Last Name First Name Middle Name **FUKUI** inventor Yoshifumi Residence City **State or Country** Country of Citizenship Toyonaka-shi Japan Japan **Post Office Address** Street City State or Country & Zip Code 3-29-15-921, Midorigaoka Toyonaka-shi Osaka, 560-0002, Japan Signature Date [2 may 2006. day of Full name of third Last Name First Name Middle Name inventor Residence City State or Country Country of Citizenship **Post Office Address** Street State or Country & Zip Code City **Signature** Date Full name of fourth Last Name First Name Middle Name inventor Residence City Country of Citizenship **State or Country Post Office Address** Street City State or Country & Zip Code **Signature** Date